

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
 02-13-2002 90187 010 ***150.00

DOCUMENT # P94000025618

1. Entity Name
WEATHERS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1818 S AUSTRALIAN AVE	1818 S AUSTRALIAN AVE
STE 200	STE 200
WEST PALM BEACH FL 33409	WEST PALM BEACH FL 33409
US	US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **400 EXECUTIVE CENTER DR.** **3. Mailing Address** **400 EXECUTIVE CENTER DR.**

Suite, Apt. #, etc. Suite 206	Suite, Apt. #, etc. Suite 206
City & State West Palm Beach	City & State West Palm Beach

4. FEI Number **65-0484012** **Applied For**
☐ **Not Applicable**

Zip 33401	Country USA	Zip 33401	Country USA
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WEATHERS, JONATHAN D
1818 S AUSTRALIAN AVE
STE 200
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name
WEATHERS, Jonathan D.
Street Address (P.O. Box Number is Not Acceptable)
400 EXECUTIVE CENTER DR.
Suite 206
City **West Palm Beach** **FL** **Zip Code** **33401**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE DPT	<input type="checkbox"/> Delete
NAME WEATHERS, BONNIE	
STREET ADDRESS 1818 S AUSTRALIAN AVE, STE 200	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE DVS	<input type="checkbox"/> Delete
NAME WEATHERS, JONATHAN D	
STREET ADDRESS 1818 S AUSTRALIAN AVE, STE 200	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEATHERS, BONNIE	
STREET ADDRESS 400 EXECUTIVE CENTER DR., Suite 206	
CITY-ST-ZIP WEST PALM BEACH, FLA 33401	
TITLE DVS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEATHERS, Jonathan D.	
STREET ADDRESS 400 EXECUTIVE CENTER DR., Suite 206	
CITY-ST-ZIP West Palm Beach, FLA 33401	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie Weathers **1/28/02** **561-689-1510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)